

## NATIONAL NURSING EDUCATION INITIATIVE (NNEI) STATEMENT OF INTENT

***DIRECTIONS: Carefully read these directions before completing the application.***

1. The Statement of Intent (SOI) is to be used by Registered Nurses who would like to receive a scholarship, but are not eligible to apply for participation in the NNEI. *NOTE: Only employees who are currently enrolled in or accepted to an accredited education program leading to baccalaureate degrees in nursing, or advanced degrees in nursing or related fields are authorized to apply for a scholarship under the NNEI.* The SOI is not an application, it is a planning tool to be used to assess the interest and potential participation of employees in the NNEI. When an employee who is interested in the NNEI becomes eligible to apply, the employee must complete an official NNEI application and submit it to the Program Coordinator.

2. To ensure that your interest in becoming an NNEI participant is considered in the selection process, applicants will complete Sections 1 and 2 of the SOI and forward it to the Program Coordinator.

3. After reviewing and validating the information, the Program Coordinator will forward the SOI to the Selection Committee.

### PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7601-7625 in order for VA to determine your eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has an interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA, but if you do not, VA will be unable to process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.

#### Section 1 - General Identification Information and Educational History.

1. Facility Name		2. Facility Number					
3. Last Name		4. First Name		5. Middle Initial			
6. Social Security Number		7. Home Phone (include area code)		8. Work Phone (include area code)			
9. VA Employment Status (Check one only)		10a. Occupational series code		10b. Title Code		10c. Assignment Code	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time							
11. Current Job Title							
12. Current Grade (Check one only)							
<input type="checkbox"/> Nurse I <input type="checkbox"/> Nurse II <input type="checkbox"/> Nurse III <input type="checkbox"/> Nurse IV							
13. Name of Rating Official				14. Official's Work Phone (include area code)			
15. Highest Degree Obtained (Check only highest completed)							
<input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BSN <input type="checkbox"/> MS <input type="checkbox"/> Ph.D.							
16. Total Number of Semester Hours Accumulated to Date: (Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)							

# NNEI STATEMENT OF INTENT, Continued

## Section 2 - National Nursing Education Initiative Enrollment Information.

17. Degree Sought under an NNEI Contract

(Check one only)

☐ BSN

☐ MS

☐ Ph.D.

☐ Other (Specify)

18. Program Start Date (MM/DD/YYYY)

19. Estimated Program Completion Date (MM/DD/YYYY)

20. Type Program

(Check one only)

☐ A. Traditional programs consisting of curricula offered in a campus setting.

☐ B. Non-Traditional programs consisting of curricula offered in off-campus settings (e.g., distance learning via the internet).

21. Program Description.

22. Total Number of Semester Hours Required to Complete Program.

(Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)

23. Attendance Schedule

(Check one only)

☐ Full-time

☐ Part-time

24. Estimated Total Program Tuition Costs by Type of Educational Institution

24a — Type of Educational Institution	24b - Estimated Tuition Costs	24c - Total Semester Hours Required
Traditional		
Non-Traditional		
<b>TOTAL OF COLUMN 24b AND 24c</b>		

25. Estimated Total Other Reimbursable Program Costs.

(Total all non-tuition allowable expenses)

26. Estimated Total Program Costs

= (Total of 24b plus Item 25 Total)

27. Average Cost per Semester Hour

= (Total in Item 26 divided by total 24c)

28. Estimated Program Fiscal Year (FY) Contracted Educational Costs (Note: FY total includes all tuition and other allowable expenses)

Type of Educational Institution	FY	FY	FY	FY	FY	FY
Traditional						
Non-Traditional						
<b>FY COLUMN TOTALS</b>						

29. Estimated Total Program Costs

(Note: Total must equal Item 26 Total Program Costs)

= (sum of all Item 28 FY Column Totals)

30. Do you have a Mentor?

☐ YES ☐ NO (If No, go to Item 31)

30a. Name of Mentor

30b. Title of Mentor

**Working  
Condition  
Flexibility**

31. Will special working arrangements be required to support your NNEI attendance requirements?

☐ YES ☐ NO

31b. If the answer to 31a is Yes, briefly describe the arrangements required.

31c. If arrangements are required, have they been implemented yet? (Check one only)

☐ YES ☐ NO

32a. Employee Signature

32b. Date